

Indiana Professional Licensing Agency
Indiana State Board of Funeral and Cemetery Service
302 West Washington Street, Room E034
Indianapolis, Indiana 46204

Fiscal year ending:		

Filing Fee

\$10.00

SECTION A						
This report must be filed with the Indiana State Board of Funeral and Cemetery Service, 302 W. Washington St., Rm E034, Indianapolis, IN 46204-2700 no later than 90 days after the end of the establishment's fiscal year. The information requested below shall be provided for the preceding fiscal year, as specified below.						
Mark applicable box:						
☐ Cemetery ☐ Funeral Home ☐ Perpetual Care Fund ☐	Other Seller (spec	ify)				
1. Name, address and certificate of authority number (if applicable) of cemetery, funeral home, perpetual care fund or other seller.						
Name of cemetery, funeral home, perpetual care fund or other seller	Certificate of authority number License / Registration numb		License / Registration number			
Address (number and street, city, state, ZIP code)						
Name of contact person	Telephone number					
Name(s), address(es), and certificate of authority number(s) of the establishment(s) that will provide the services or merchandise 2. (if different from above):						
Name of establishment	Name of establishment					
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)					
Certificate of authority number	Certificate of authority number					
3a. If owner is a sole proprietorship, give the name and business addre	ess:					
Name of sole proprietor						
Address of business (number and street, city, state, ZIP code)						
3b. If owner is a partnership, corporation or other non-natural person, give the name and address of:						
i. Name of resident agent	ii. Name of chief off	fficer				
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)					
4. If reporting for a cemetery, the amount of funds received by the own trust requirements set forth in IC 23-14-48 are required to be reported.	er during the pre	vious fiscal year th	nat are subject to the			
<ul> <li>a. Amount of funds received for interment, entombment and columbarium niche rights sold:</li> </ul>		\$				
b. As set forth in 4a above, the combined liability pursuant to IC 23-14-48-3 of 15% or \$.80 per square foot of ground interment rights sold, whichever is greater; 8% or \$100.00 per entombment rights sold, whichever is greater; and a minimum of \$20.00 per columbarium niche rights sold:		\$				
c. Amount of funds actually placed in trust from sales reported in 4a above:		\$				

d. Name and address(es) of trustee(s):				
Name of trustee		Name of trustee		
Address (number and street, city, state, ZIP code)		Address (number and street, city, state, ZIP code)		
Name of trustee		Name of trustee		
Address (number and street, city, state, ZIP code)		Address (number and street, city, state, ZIP code)		
e. If cemetery funds were not held in trust by amount of trustee's bond required by IC 23	a corporate trustee, gi 3-14-51	ive the name and address of the c	orporate surety and	
Name of corporate surety	Address (number and stree	eet, city, state, ZIP code)  Amount of trustee's fidelity bond \$		
5a. If life insurance policies, annuity products (answer all that apply)	s, and amount(s) of mo	oney, or other property was receive	ed to fund preneed contracts, give:	
i. Name of life insurance company(ies) issuing the p	olicy(ies) or annuity products	3		
ii. The total amount of all policies, annuities, and/or i	money received on all prenee	ed contracts		
iii. Identity of the property accepted		Ф		
5b. Amount from 5a above, required to be place.	aced in escrow:	\$		
5c. Amount from 5b above, actually placed in	n trust or escrow:	\$		
5d. Name and address of the trustee and/or name	and address of the institu	cution holding the escrow funds for amo	ount set forth in 5c above.	
	CERTIFICATION / A	EEIDAVIT		
STATE OF	CERTIFICATION/A	FFIDAVII		
COUNTY OF		J		
I (we),Name		Owner / President /		
Treasurer / Secretary		ofName of Establishme	ent do hereby	
affirm, under the penalties for perjury, that all o books, records and accounts must be maintain and that violation of IC 30-2-13 may result in a	ned which support this info	formation for three (3) years after the da	ate of full performance of a contract	
Subscribed and sworn to this	day of	, 20		
Signature of Owner / President / Vice-President		Signature of Treasurer / Secretary (if own	er is not an individual)	
Printed name of Owner / President / Vice-President		Printed name of Treasurer / Secretary		
Signature of Notary Public		Printed name of Notary Public		
My Commission expires:		County of residence of Notary Public		